

**NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS**

Facility ID \_\_\_\_\_

Idaho Department of Environmental Quality, 1410 N Hilton, Boise ID 83706

**TYPE OF NOTIFICATION**
☐ Notice
 ☐ New Facility (site diagram required)
 ☐ Updates
 ☐ Closure
**INSTRUCTIONS – See additional instructions on page 7**

Please type or use ink. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form (pages 3, 4, 5, & 6)

**GENERAL INFORMATION**

Notification is required by law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that will store, do store, or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.

**Who must notify?** Unless exempted, owners of underground tank systems that store or will store regulated substances must notify DEQ.

1. Owner means -

a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use

c) in the case of a new installation on or after April 2, 2008, any person who will install an underground storage tank system

d) in the case of an underground storage tank closure, any person who will remove or close in place such tank

e) any facility that has undergone any changes to facility information or tank system status (only amended tank information needs to be included).

**What tanks are included?** Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing gasoline, used oil, diesel fuel, industrial solvents, pesticides, herbicides, or fumigants.

**What tanks are excluded?** Tanks with a capacity of 110 gallons or less are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;
4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;

8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;

9. storage tanks situated in an underground area (such as a basement, cellar, mine working drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

**What substances are covered?** The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

**Where to notify?** Send completed forms to:

**UST Coordinator**  
**Idaho Department of Environmental Quality**  
**1410 N. Hilton**  
**Boise, ID 83706 Telephone: (208) 373-0502**

**When to notify?** Owners of underground storage tank systems that are still in the ground must notify immediately. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use. Owners who will install an underground storage tank system must notify 30 days prior to the installation. Owners who will replace 100% of piping connected to a single underground storage tank must notify 24 hours prior to the replacement. Owners who will close an underground storage tank must notify 30 days prior to the closure. Owners who have closed an underground storage tank must notify and indicate the date of closure.

**Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty.**

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Chief, Information Policy Branch PM-223, US Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I.

**I. OWNERSHIP OF TANK(S)**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 County \_\_\_\_\_  
 Phone Number (With Area Code) \_\_\_\_\_  
 Email \_\_\_\_\_

**II. LOCATION OF TANK(S)**

(If same as Section I, mark box here ☐)  
 Name \_\_\_\_\_  
 Street Address (no PO Box) \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 County \_\_\_\_\_

### III. TYPE OF OWNER

- ☐ Commercial ☐ Private ☐ State Government  
☐ Federal Government ☐ Local Government

### IV. TYPE OF FACILITY

#### Select the Appropriate Facility Description

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Gas Station           | <input type="checkbox"/> Local Government       | <input type="checkbox"/> Contractor         |
| <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> State Government       | <input type="checkbox"/> Trucking/Transport |
| <input type="checkbox"/> Air Taxi (Airline)    | <input type="checkbox"/> Federal – Non-Military | <input type="checkbox"/> Utilities          |
| <input type="checkbox"/> Aircraft Owner        | <input type="checkbox"/> Federal – Military     | <input type="checkbox"/> Farm               |
| <input type="checkbox"/> Auto Dealership       | <input type="checkbox"/> Commercial             | <input type="checkbox"/> Residential        |
| <input type="checkbox"/> Railroad              | <input type="checkbox"/> Industrial             | <input type="checkbox"/> Marina             |
|  | <input type="checkbox"/> Hospital               | (Other) <input type="text"/>                |

### V. CONTACT PERSON IN CHARGE OF TANKS

Name <input type="text"/>	City <input type="text"/>
Title <input type="text"/>	State <input type="text"/> Zip <input type="text"/>
Address <input type="text"/>	Code <input type="text"/>
<input type="text"/>	Phone <input type="text"/>
	Email <input type="text"/>

### VI. CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)

Name   
Title

Signature

Date Signed

### VII. FINANCIAL RESPONSIBILITY

I have met the financial responsibility requirements in accordance with 40 CFR 280 Subpart H.

#### Check All That Apply

- |   |   |
|---|---|
| <input type="checkbox"/> State Insurance Fund (PSTF)                        | <input type="checkbox"/> Surety Bond      |
| <input type="checkbox"/> Commercial Insurance                               | <input type="checkbox"/> Letter of Credit |
| <input type="checkbox"/> Risk Retention Group                               | <input type="checkbox"/> Self Insurance   |
| <input type="checkbox"/> Guarantee  | <input type="checkbox"/> Trust Fund       |
| <input type="checkbox"/> Other Method Allowed, Specify <input type="text"/> |   |

### VIII. Notices

IDENTIFICATION NUMBER	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
<b>A. 30-day Tank and Piping Installation/24-hr Piping Replacement Notifications</b>					
When will tank be installed or replaced? (mo./day/year)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
When will piping be installed or replaced? (mo./day/year)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
<b>B. 30-day Notice of Closures</b>					
When will tank be closed? (mo./day/year)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Date tank was last used? (mo./day/year)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Closure to be performed by:					
Company _____ Site Supervisor: _____					
Phone: _____					

### IX. Ground Water Protection Measures

(Check the applicable box)

The underground storage tank system **IS** within 1000' of a drinking water source or system. ☐

The underground storage tank system **IS NOT** within 1000' of a drinking water source or system. ☐

If the owner and installer certify that the underground storage tank system is not within 1000' of an existing public water system or potable drinking water well, the owner or operator must provide and maintain documentation showing that a reasonable investigation of water systems and drinking water wells was undertaken.

### X. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)

IDENTIFICATION NUMBER	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Compartmentalized Tanks? (circle one)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Emergency Generator Tank? (circle one)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
<b>A. Status of Tank</b>					
Currently In Use					
Temporarily Out of Use (Complete Section XI, Estimated Date Last Used)					
Permanently Out of Use (Complete Section XI, tanks removed or closed in place)					
Date of Installation (mo./day/year)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Total Capacity (gallons)					
<b>B. Material of Tank Construction (Mark all that apply)</b>					
Fiberglass Reinforced Plastic					
Cathodically Protected Steel (STIP-3)					
Cathodically Protected Steel (Impressed Current)					
Epoxy Coated Steel					
Composite (Steel with Fiberglass)					
Asphalt Coated or Bare Steel					
Double Walled					
Lined Interior					
Polyethylene Tank Jacket					
Excavation Liner					
Unknown					

Other, Please Specify					
Has tank been repaired? (circle one)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

**C. Piping Material** (Mark all that apply)

Plastic/Flexible					
Fiberglass Reinforced Plastic					
Galvanized Steel					
Bare Steel					
Cathodically Protected (Impressed Current)					
Cathodically Protected (Galvanic)					
Corrosion Protection (Soil Isolation)					
Double Walled					
Excavation Liner					
Other, Please Specify					

**D. Piping Type** (Mark all that Apply)

Pressure					
U.S. Suction: check valve at tank					
Safe Suction: check valve at dispenser					
Gravity Feed					
Has piping been repaired or replaced? (circle one)	Repair Replace	Repair Replace	Repair Replace	Repair Replace	Repair Replace
Date of the repair or replacement	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___

**E. Under-Dispenser Spill Containment** (required for new installations)

Is there under-dispenser spill containment for each new dispenser island?	YES/NO
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**F. Substance Currently or Last Stored**

Gasoline					
Diesel					
Biodiesel	B5/B20/Other	B5/B20/Other	B5/B20/Other	B5/B20/Other	B5/B20/Other
Ethanol (circle one)	E10/E85/Other	E10/E85/Other	E10/E85/Other	E10/E85/Other	E10/E85/Other
Kerosene					
Heating Oil					
Used Oil					
Other Petroleum Product (please specify)					

**If not a petroleum product:**

Hazardous Substance (circle one)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
CERCLA name and/or, CAS Number (Chemical Abstract Service Registry #)					

**If not listed above:**

Mixture of Substances (please specify)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
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## XI. TANKS OUT OF USE OR CHANGE IN SERVICE

TANK IDENTIFICATION NUMBER	Tank No._____	Tank No._____	Tank No._____	Tank No._____	Tank No._____
<b>Closing of Tank</b>					
Tank was removed from ground					
Tanks was closed in ground					
Estimated date last used (mo./day/year)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Date tank closed (mo./day/year)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Tank Filled with inert material (indicate material)					
Change in Service (no longer holds a regulated substance)					
Site Assessment Completed and submitted to DEQ (circle one)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Evidence of a leak detected (circle one)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Release reported to DEQ	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Date release reported to DEQ	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___

## XII. CERTIFICATION OF COMPLIANCE

(Complete for installation of all new tanks or for upgrading existing tanks at this location)

TANK IDENTIFICATION NUMBER	Tank No._____	Tank No._____	Tank No._____	Tank No._____	Tank No._____					
<b>A. Installation</b> (Mark all that apply)										
Installer certified by tank and piping manufacturers										
Installer certified or licensed by a State										
Installation is inspected by a registered engineer										
Installation inspected by DEQ										
Manufacturer's installation checklists have been completed										
<b>B. Release Detection</b> (Mark one)										
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Automatic Tank Gauging										
Interstitial Monitoring Double Walled Tank/Piping										
Inventory Control/Manual Tank Gauging with Tank Tightness Testing										
SIR										
Manual Tank Gauging (1,000 gal or less)										
Vapor Monitoring										
Groundwater Monitoring										
Mechanical Line Leak Detectors										
Electronic Line Leak Detectors										

Annual Line Tightness Testing										
3-year Line Tightness Testing										
Other Method Allowed by Implementing agency:										

<b>C. Spill and Overfill Protection</b>					
Overfill device installed (circle one)	Ball Float Flapper Alarm	Ball Float Flapper Alarm	Ball Float Flapper Alarm	Ball Float Flapper Alarm	Ball Float Flapper Alarm
Spill bucket installed (circle one)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

Note: The installer must complete this section only if work on your underground storage tank system has taken place since December 22, 1988.

**OATH: I certify the information concerning installation is true to the best of my belief and knowledge.**

Installation Company \_\_\_\_\_ Address:\_\_\_\_\_

Installer Name \_\_\_\_\_

Signature\_\_\_\_\_ Date:\_\_\_\_\_

Phone:\_\_\_\_\_

# GENERAL INSTRUCTIONS

A separate notification form **must be filled out for each site** at which tanks are located. The questions are generally self-explanatory. Complete those sections of the form that pertain to your site.

## (PAGE 1)

### TYPE OF NOTIFICATION

- ✓ Check the **NOTICE** box if this is a notice that new or replacement tanks and/or piping and/or new under-dispenser containment will be installed at this site. Check this box if tank closure will occur. If checked, also fill out Section VIII and X.
- ✓ Check the **NEW FACILITY** box if this is a new underground storage tank facility. A simple site diagram with each tank location and tank number is required. There is no system in place for numbering tanks, please choose your own (most choose 1, 2, 3, etc).
- ✓ Check the **UPDATES** box if this is an update of a previously submitted notification form
- ✓ Check the **CLOSURE** box **only** if you are **closing all tanks at this site**. If checked, also fill out Section XI.

I. **OWNERSHIP OF TANK(S)** – If you own more than one site, please indicate the same ownership information for **all sites owned**.

II. **LOCATION OF TANK(S)** - A separate notification form must be filled out for **each site** at which tanks are located. No P.O. Boxes, a specific street address is required.

## (PAGE 2)

SECTIONS III.-V. Are self-explanatory.

VI. **CERTIFICATION** – Make sure that this section is properly filled out and **signed**.

VII. **FINANCIAL RESPONSIBILITY** (insurance) – Check the STATE INSURANCE FUND box **only** if you have been issued an insurance policy by Idaho's Petroleum Storage Tank Fund.

## (PAGE 3)

VIII. **Notices** – (A) 30 days prior to new/replacement tank and new piping installations. 24 hours prior to replacement piping installations. (B) 30 days prior to closure. Contact your local fire and building departments to find out about any additional requirements. A site assessment is required and must be submitted to DEQ. An updated notification form must be completed once closure occurs.

IX. **GROUND WATER PROTECTION MEASURES** - Perform a reasonable investigation and check the applicable boxes.

X. **DESCRIPTION OF UNDERGROUND STORAGE TANKS** – Beginning on page 3 and continuing on pages 4, 5 and 6, make sure you provide an identification number for **each tank** and answer the questions that pertain to the tank. If, for example, you put tank number 1 information in column 1 on page 3, please make sure that tank number 1 information stays in column 1 on pages 4, 5 and 6.

## (PAGE 5)

XI. **TANKS OUT OF USE, OR CHANGE IN SERVICE** – Mark the CHANGE IN SERVICE box only if you now store an unregulated material in a tank that once stored a regulated material, i.e. gasoline to water. If this has occurred you must complete a site assessment.

**SITE ASSESSMENT COMPLETED** – A site assessment is required for all tanks closed since December 22, 1988. Site assessment requirements can be obtained from the Idaho Department of Environmental Quality through the address provided on page 1 of this form.

XII. **CERTIFICATION OF COMPLIANCE** – This section **must** be completed **and signed** by the installer.

You can also access this form via our website:

**[http://www.deq.idaho.gov/waste/permits\\_forms/forms/ust\\_lust/ust\\_notification.pdf](http://www.deq.idaho.gov/waste/permits_forms/forms/ust_lust/ust_notification.pdf)**